



General Medicine:
SHOCK
Practice Guideline

Patient Care Goals:

1. Initiate early fluid resuscitation and vasopressors to maintain/restore adequate perfusion to vital organs
2. Differentiate between possible underlying causes of shock in order to promptly initiate additional therapy

Patient Presentation:

Inclusion Criteria

1. Signs of poor perfusion such as one or more of the following:
Altered mental status
Delayed/flash capillary refill
Hypoxia
Decreased urine output
Respiratory rate greater than 20 in adults or elevated in children (see normal vital signs table)
Hypotension for age (lowest acceptable systolic blood pressure in mmHg):
Less than 1 yo: 60
1-10 yo: (age in years) (2)+70
Greater than 10 yo: 90
Tachycardia for age, out of proportion to temperature
Weak, decreased or bounding pulses
Cool/mottled or flushed/ruddy skin

Treatment:

Underlying causes
Normal Saline Bolus (IV/IO) given over 10 mins...not slower; *sepsis uses 30 mL/kg dosing.
Norepinephrine infusion (see medication list for dosing)

Quality Improvement:

Search for early (compensated) signs of shock.
IVF volume/rate and access type.
Use of a Sepsis Alert to receiving hospitals.

Patient Safety Considerations:

Recognition of cardiogenic shock - if patient condition deteriorates after fluid administration, rales or hepatomegaly develop, then consider cardiogenic shock and Holding further fluid administration and begin norepinephrine infusion.

Paramedic Working Assessment: Shock General Causes

